

**TRANSMITTAL LETTER
(General - Patent Pending)**

Docket No.
1987-A-PCT-US

In Re Application Of: **NILSSON, Tomas**

Serial No.
10/009,072

Filing Date
12/06/01

Examiner
Jason R. Bellinger

Group Art Unit
3617

Title: **TIRE DEVICE**

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is:

**Amendment Transmittal
Amendment "A" with IDS, 5 References, Proposed Drawing change and Substitute Specification
Petition for Extension of Time**

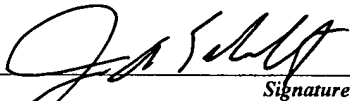
in the above identified application.

- ☐ No additional fee is required.
- ☒ A check in the amount of \$290.00 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 19-0083 as described below.
- ☐ Charge the amount of
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.

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GROUP 3600


Signature

**Joseph A. Sebolt, Reg. No. 35,352
SAND & SEBOLT
Aegis Tower, Suite 1100
4940 Munson Street, NW
Canton, Ohio 44718-3615**

Dated: 11-5-03

I certify that this document and fee is being deposited on 11-5-03 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Signature of Person Mailing Correspondence

Jodi L. Ruehling

Typed or Printed Name of Person Mailing Correspondence

CC:

AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **TOMAS NILSSON**

Docket No.

1987-A-PCT-US

Serial No.

10/009,072

Filing Date

12/06/01

Examiner

Jason R. Bellinger

Group Art Unit

3617Invention: **TIRE DEVICE****TO THE COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11 -	12 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	1 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **19-0083**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.


Signature

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cc: